

Gift House Inc.

Client Application

P.O. Box 703, Hardinsburg KY 40143

270-617-1370

thegifthouseinc@gmail.com

Name _____
Phone _____
Address _____
Date of Birth _____
Drivers License _____ State _____
Social Security # _____
Email _____
Emergency Contact _____ Relationship _____
Address _____
Contact Phone# _____

Medical Information

Sobriety Date _____ Drug of Choice _____
Drugs Used _____
Health Issues or Concerns _____
Any reason you cannot work? _____
List of Medications _____

General Information

Sponsor name and number _____
Have you ever lived in a sober living home _____
Are you required to register as a sex offender _____
Have you ever been convicted of a felony _____
Do you have current pending charges _____
What Charges are they _____
Are you on probation or parole _____
Parole Officer _____

Date requesting to move in _____

Why do you want to be a client of GIFT HOUSE Inc.

Additional Information you would like us to know.

CHEMICAL HISTORY

- 1) Name or type of alcohol/drugs used.
- 2) How long was each used?
- 3) How much was used?
- 4) What happened to the amount of your usage and your behaviors when using over time?
- 5) Who have you blamed for your usage?
- 6) Who have you hurt by your using?
- 7) What family members (partners, spouse, parents, siblings, etc.) have you used with?
- 8) What happened to your morals? Did you steal? Did you use people sexually?

- 9) What financial problems have you had as a result of your usage?
- 10) What legal problems have you had as a result of your usage?

References

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I have completed this application to the best of my ability. I have answered all questions honestly. I authorize The Gift House to exchange information as needed with any and all government or private parties and/or their representatives as it relates to the application process and housing status while living at The Gift House. I agree to hold harmless The Gift House , property owners, and all service providers from all claims, actions and liabilities.

Print Name _____

Signature _____

Date: _____

Please return application to The Gift House P.O. Box 703, Hardinsburg, KY 40143. A response letter will be sent to you as soon as possible to schedule your interview. We are looking forward to meeting you!

